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STATEMENT OF

RECEIVED 7

FORM 1	ORGANIZATION					7012 SEP 26 AM 11: 31 FEC MAJUSCENTER					
1. NAME OF COMMITTEE (in	n full)		neck if name changed)		mple:If typing, r the lines.	type	12FE4I	45			
NORTH CAR	OLINA	CONGR	RESSION	AL CA	MPAIGNS	SVICT	ORY F	UND F	EDE	RAL F	AC
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ADDRESS (number a	nd street)	P. O.	BOX 1	172			111				لب
(Check if address is changed)		BOC	A RATO)N			FL	334	129	<u> - </u>	
				CITY			STATE		ZIP C	ODE	
COMMITTEE'S E-MA (Check if is change	address		-		Idress)	GNSF	-UNDF	PACS	@GM	IAIL,C	OM
COMMITTEE'S WEB	PAGE ADI	DRESS (URL	.)								
(Check if is change					<u> </u>	<u> </u>			- - - -		 , , ,
2. DATE ÖŞ		[™] ′ ŽO [°]	1Ž [*]								
4. IS THIS STATE	MENT 🔀	NEW (i	N) OR		AMENDE	ED (A)					
I certify that I have of Type or Print Name	of Treasure	JAM	ES LIN		_			···		Ž0°1	Ž Ý
Signature of Treasure		Jow		into	~	·	Date C		•		-
NOTE: Submission of	-	-	•	-	bject the person			-	nalties of	2 U.S.C.	§437g.
Office Use Only					For further info Federal Election Toll Free 800-42 Local 202-694-1	Commission 4-9530			EC FO	ORM 1	